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26158 12/07/2009

SMALL ENTITY

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TOTAL FEE(S) DUE

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APPLICATION NO. PILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/615 986 07/10/2003 Louis B. Rosenberg IMM099C (1103 1760.2) 1236 TITLE OF INVENTION: HAPTIC FEEDBACK FOR TOUCHPADS AND OTHER TOUCH CONTROLS

nonprovisional NO \$1510 \$300 01812 03/08/2010 FYAMINED ART UNIT CLASS-SUBCLASS ABDULSELAM, ABBAS I 2629 345-204000 Change of correspondence address or indication of "Fee Address" (37 CFR 1 363) 2. For printing on the patent front page, list (I) the names of up to 3 registered patent attorneys or agents OR, alternatively, Womble Carlyle Sandridge Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 & Rice, PLLC "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Immersion Corporation San Jose, California

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Authorized Signature Se Typed or printed name Hean L. Koo

Date March 8, 2010

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